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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)		
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			678-595 (P9710)		
Application Number 09/761,005			Filed January 16, 2001		
For Apparatus And Method For Assigning A Supplemental Channel In Mobile					
Art Unit 2616			Examiner Scheibel, Robert C.		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
_	_	<u>Fee</u>	Small Entity Fee	_{\$} 120.00	
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>120.00</u>	
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
Applicant claims small entity status. See 37 CFR 1.27.					
A check in the amount of the fee is enclosed.					
Payment by credit card. Form PTO-2038 is attached.					
The Director has already been authorized to charge fees in this application to a Deposit Account.					
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-4053. I have enclosed a duplicate copy of this sheet.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
I am the	I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
attorney or agent of record. Registration Number 33,494					
attorney or agent under 37 CFR 1.34. All Registration runder 37 CFR 1.34					
December 26, 2006					
<u></u>	Signature		——————————————————————————————————————	Date	
	Paul J. Farrell		(516) 228-3565		
Typed or printed name		Telephone Number			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Tot	al of forms	are submitted.			
CERTIFICATION UNDER 37 C.F.R. §1.8(a) I hereby certify that this correspondence and the documents referred to as inclosed are being deposited with the United States Postal Service as first class mail, postpaid in an evnelope, addressed to: Mail Stop AF. Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450. Dated: December 26, 2006					
Michael J. Musella					

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